

ICE RECEIPT
COMPLAINT NUMBER WCI-2023-8465
*** * * ICRS CONFIDENTIAL * * ***

To: NATCONE, JASON A. - #365048
UNIT: _N_ _A -- _A41-_L
WAUPUN CORRECTIONAL INSTITUTION
PO Box 351
WAUPUN, WI 53963-0351

Complaint Information:

Date Complaint Acknowledged:	:06/09/2023
Date Complaint Received:	:06/09/2023
Subject of Complaint:	:22 - Dental
Brief Summary:	:complains he is not being seen for his cleaning

This is to acknowledge the complaint you filed which was received on the date indicated. Depending on the nature of the complaint, you may or may not be interviewed by the ICE. A recommendation on the complaint will be made and submitted to the appropriate reviewing authority within 30 days of acknowledgement. A decision will be made by the appropriate reviewing authority within 15 days following receipt of the recommendation unless extended for cause.

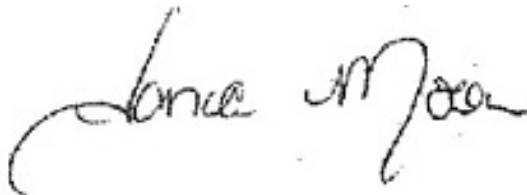
Please write to the ICE if this issue is resolved before you receive an answer.

ICE REPORT
COMPLAINT NUMBER WCI-2023-8465
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To: NATCONE, JASON A. - #365048
UNIT: _N-_A -- _A41-_L
WAUPUN CORRECTIONAL INSTITUTION
PO Box 351
WAUPUN, WI 53963-0351

Complaint Information:

Date Complaint Acknowledged:	06/09/2023	Inmate Contacted?	No
Date Complaint Received:	06/09/2023		
Subject of Complaint:	22 - Dental		
Person(s) Contacted:	Dr Jerome		
Document(s) Relied Upon:	DOC 310		
Brief Summary:	complains he is not being seen for his cleaning		
Summary of Facts:	<p>TM Inmate complains he is not being seen for teeth cleaning every six months as his medical condition states.</p> <p>Dr Jerome was contacted and stated, "We are trying to accommodate this patient's request to be seen every 6 months but the lockdown will create some delay. We have not had a hygienist in the institution since the lockdown began. We are able to see only Urgent patients during the lockdown. We will get him in as soon as we resume Hygiene appointments."</p> <p>Recommendation is to affirm that inmate Natcone is not being seen by Dental as recommended in his Dental file. A copy will be sent to AHSM Haseleu for review. Through the ICRS process, the matter will be reviewed by the Health Services Nursing Coordinator.</p>		
ICE Recommendation:	Affirmed		
Recommendation Date:	07/17/2023		



T. Moon - Institution Complaint Examiner

REVIEWING AUTHORITY'S DECISION
COMPLAINT NUMBER WCI-2023-8465
***** ICRS CONFIDENTIAL *****

To: NATCONE, JASON A. - #365048
UNIT: _N-_A -- _A41-_L
WAUPUN CORRECTIONAL INSTITUTION
PO Box 351
WAUPUN, WI 53963-0351

Complaint Information:

Date Complaint Acknowledged: 06/09/2023

Date Complaint Received: 06/09/2023

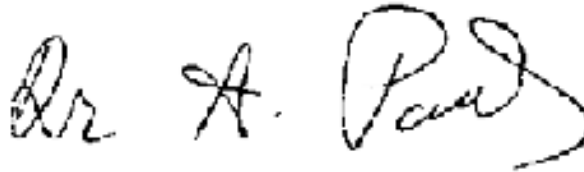
Subject of Complaint: 22 - Dental

Brief Summary: complains he is not being seen for his cleaning

ICE's Recommendation: Affirmed

Reviewer's Decision: Affirmed

Decision Date: 07/18/2023

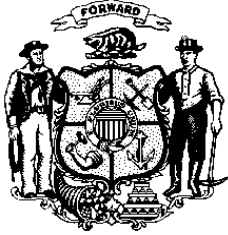


A. Panos - Reviewing Authority

CC:

Distributed via email
Haseleu, A

A complainant dissatisfied with a decision may, within 14 days after the date of the decision, appeal that decision by filing a written request for review with the Corrections Complaint Examiner on form DOC-405 (DOC 310.12, Wis. Adm. Code).



State of Wisconsin
Department of Corrections
GENERAL REPORT ON INMATE COMPLAINT

Complaint Information:

Date Complaint Acknowledged: June 09, 2023

Date Complaint Received: June 09, 2023

Subject of Complaint: 22 - Dental

Brief Summary: complains he is not being seen for his cleaning

ICE Recommendation Information: (Signed on 7/17/23 1:48:20PM):

Person(s) Contacted: Dr Jerome

Document(s) Relied Upon: DOC 310

ICE's Summary of Facts: TM Inmate complains he is not being seen for teeth cleaning every six months as his medical condition states.

Dr Jerome was contacted and stated, "We are trying to accommodate this patient's request to be seen every 6 months but the lockdown will create some delay. We have not had a hygienist in the institution since the lockdown began. We are able to see only Urgent patients during the lockdown. We will get him in as soon as we resume Hygiene appointments."

Recommendation is to affirm that inmate Natcone is not being seen by Dental as recommended in his Dental file. A copy will be sent to AHSM Haseleu for review. Through the ICRS process, the matter will be reviewed by the Health Services Nursing Coordinator.

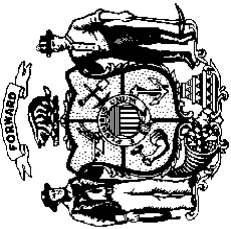
ICE's Recommendation: Affirmed

ICE's Recommendation Date: July 17, 2023

RA's Decision Information: (Signed on 7/18/23 1:44:22PM):

RA's Decision: Affirmed

RA's Decision Date: July 18, 2023



State of Wisconsin
Department of Corrections
DISTRIBUTION ITEMS
for COMPLAINT NUMBER WCI-2023-8465

Item	Create Date	Created By	Sent To	Inmate ID	Print Date	Printed By
ICE Receipt	06/09/2023 6:53:45AM	Tonia Moon	WCI	365048	06/13/2023 6:39:07AM	Tonia Moon
ICE Report	07/18/2023 1:44:22PM	Angelo Panos	WCI	365048	07/19/2023 2:11:22PM	Brian Kolb
RA Report	07/18/2023 1:44:22PM	Angelo Panos	WCI	365048	07/19/2023 2:11:22PM	Brian Kolb

INMATE COMPLAINT

OFFICE USE ONLY

DATE RECEIVED JUN 01 2023 JUN 08 2023	COMPLAINT CODE 22	COMPLAINT FILE NUMBER WCI 2023 8465
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INSTRUCTIONS FOR INMATE:

- Complete ALL sections of this form
- You MUST use a DOC-400B, if additional space is needed.
- Do not use a highlighter or marker on this form. Do not staple or tape this form.
- The form may be returned to you if you submit an incomplete form or if you do not follow the instructions.
- Print clearly, illegible forms will not be processed. See reverse side for more information.

INMATE NAME Jason Nateane	DOC NUMBER 365048	HOUSING UNIT NCH A-41	FACILITY WCI
LOCATION OF INCIDENT WCI	DATE OF INCIDENT 5/18/23	TIME OF INCIDENT no idea.	

ANSWER THE FOLLOWING QUESTIONS IN THE SPACES PROVIDED:

Briefly state who or what is the ONE issue, of this complaint. What remedial action are you requesting?

I wrote dental : they said they are not able to see patients. ~~For dental~~
~~testament~~ This modified movement has stopped medical - this is
not ok. To have my teeth cleaned : seen by dental

With whom did you attempt to resolve your ONE issue, and what was the result of this attempt, prior to submitting this complaint? Send any documentation you have, that supports your attempt to resolve your claims.

I wrote the Deputy Warden : her secretary ~~for me~~ asked me if I
Filed a complaint (she responded on 5/30/23) Wrote HSM (Klenderman :
She responded with "patients are being seen on an urgent or emergent basis at this time due to
modified movement. Dental staff are triaging their patients accordingly. (wrote her on 6/1/23 response
came today 6/1/23)

What are the details surrounding this complaint?

I have a medical condition that calls for me to have my teeth cleaned
every 6 months. This is ordered by Dr's. I wrote dental and they wrote
"We will get you back in when we are able to see patients again."

Because of this ~~lockdown~~ lockdown the institution has suspended medical
needs of the PIOC. This cannot happen. Nor can this be legal. My
medical needs are being neglected ~~on purpose~~ deliberately under the
guise of a "lockdown," which is completely violates my rights.

Modified movement is no excuse to disregard the needs of
the prisoner population

SIGNATURE OF INMATE

Jason Nateane

DATE SIGNED

5/31/23

DISTRIBUTION: Original - ICTS

INSTRUCTIONS

The department shall maintain an inmate complaint review system that shall be accessible to all inmates in institutions. Prior to filing a formal complaint, you must attempt to resolve the issue by following the designated process specific to the subject of the complaint. If you have not done so, the Institution Complaint Examiner (ICE) may direct you to do so.

Each complaint shall meet all of the following requirements:

- (a) Be submitted on a complaint form provided by the department.
- (b) Be legibly handwritten or typed.
- (c) Be filed only under the name by which the inmate was committed to the department or the legal name granted by a court.
- (d) Include the inmate's original signature.
- (e) Not exceed 500 words total and not exceed two pages.
- (f) Provide relevant supporting documentation, which may be accepted at the discretion of the ICE.

The ICE will acknowledge your complaint with an ICE Receipt, or return the complaint to you for correction or with further instructions, within 10 days of receiving your complaint submission. A complaint will not be processed and a referral for disciplinary action may occur in accordance with ch. DOC 303 if the complaint contains any of the following:

- (a) Obscene, profane, abusive, or threatening language unless such language is necessary to describe the factual basis of the complaint.
- (b) A foreign substance.

Each complaint may contain only one clearly identified issue.

A complaint must contain sufficient information for the department to investigate and decide the complaint.

An inmate may not file more than one complaint per calendar week except that any of the following are not subject to the filing restrictions contained in this paragraph:

- (a) Complaints regarding the inmate's health and personal safety.
- (b) Complaints made under PREA.

NOTE: The ICRS is governed by the rules in chapter DOC 310, Wisconsin Administrative Code. For more information on using the ICRS, please review this chapter.

DISTRIBUTION: Original – ICTS